

Warrick County Health Department  
107 W. Locust St., Suite 204  
Boonville, IN 47601

Phone: (812) 897-6105 (Ext.5)  
Fax: (812) 897-6104

**Application for 2015 Food Permit: Permanent Establishment**

*All fields must be completed.*

**Business**

Facility Name:

Physical Address:

Street City State Zip

Mailing Address (if different):

Street City State Zip

Phone Number: Fax Number:

Email Address:

Certified Food Safety Employee(s):

Manager / On-Site Supervisor:

Business Hours: Number of Employees:

Has ownership changed within the last 12 months? ☐ Yes ☐ No

Type of Business: ☐ Permanent ☐ Mobile / Temporary\*

\*This application is for permanent establishments only. Mobile / Temporary facilities need to obtain the proper application.

**Owner**

Owner Name: Phone Number:

Mailing Address:

Street City State Zip

Phone Number: Fax Number:

Email Address:

Which address should permit be mailed to? ☐ Facility ☐ Owner

**Permit Fee Schedule:**

Number of Employees	Permit Fee
1 Thru 5 <input type="checkbox"/>	\$75
6 Thru 25 <input type="checkbox"/>	\$100
26 Thru 50 <input type="checkbox"/>	\$125
51 or more <input type="checkbox"/>	\$150

Amount of Fee Submitted: \$ \_\_\_\_\_ Method of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Money Order: \_\_\_\_\_  
\*A late fee of \$50 will be charged for applications received after the deadline of March 1 for renewal.\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

For office use only: Permit # \_\_\_\_\_